



Morbidity and Mortality

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MEASLES - DOVER, NEW JERSEY

On December 2, 1965, in Dover, New Jersey, a measles immunization campaign was conducted in the kindergarten through third grades of all four of the city's elementary schools. A total of 119 cases of measles had been reported between September 24 and December 2 in Dover, with 72 percent of the cases localized in one elementary school and among children living in one part of the town. Details of this campaign were recorded in the MMWR, Vol. 14, No. 48.

In all, 465 children were immunized in the school clinics, and this represented 80 percent of the known susceptible children in kindergarten through third grades. This reduced the total percentage of susceptibles in the

TABLE OF CONTENTS

Measles - Dover, New Jersey 17
 Measles Immunization Campaign - Rhode Island 18
 Influenza B - Claxton, Georgia 18
 National Pneumonia-Influenza Mortality Chart 19
 Influenza-like Disease - Massachusetts 24

young school-age group from 48 percent to approximately 10 percent. The publicity attendant on the campaign stimulated an estimated 500 additional immunizations in private physicians' offices between November 29 and December 12. The epidemic curve in Figure 1 shows the occurrence of cases of measles in the schools in relation to the immunization campaign. A breakdown of the cases of measles, by schools affected, is given in Table 1. (Continued on page 18)

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
 (Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	3rd WEEK ENDED		MEDIAN 1961 - 1965	CUMULATIVE, FIRST 3 WEEKS		
	JANUARY 22, 1966	JANUARY 23, 1965		1966	1965	MEDIAN 1961 - 1965
Aseptic meningitis	15	32	32	86	104	79
Brucellosis	2	6	6	6	16	16
Diphtheria	2	3	3	5	12	14
Encephalitis, primary:						
Arthropod-borne & unspecified	25	27	---	68	97	---
Encephalitis, post-infectious	13	10	---	37	34	---
Hepatitis, serum	20	769	1,183	52	2,252	2,967
Hepatitis, infectious	632			1,993		
Measles (rubeola)	4,932	6,805	7,306	14,337	18,754	21,112
Poliomyelitis, Total (including unspecified)	—	—	1	1	—	8
Paralytic	—	—	1	—	—	7
Nonparalytic	—	—	---	—	—	---
Meningococcal infections, Total	63	69	62	220	195	157
Civilian	54	66	---	199	190	---
Military	9	3	---	21	5	---
Rubella (German measles)	824	---	---	2,150	---	---
Streptococcal sore throat & Scarlet fever	9,616	9,610	8,653	26,382	28,264	23,685
Tetanus	—	2	---	3	10	---
Tularemia	4	11	---	12	26	---
Typhoid fever	2	9	8	9	14	15
Typhus, tick-borne (Rky. Mt. Spotted fever)	—	1	---	7	3	---
Rabies in Animals	61	93	57	200	273	163

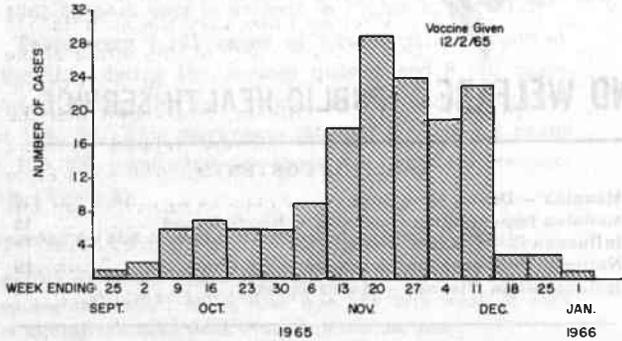
NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	—	Botulism:	—
Leptospirosis: Hawaii - 1	1	Trichinosis: N.Y. Up-State - 2, Pa. - 1	13
Malaria: N.J. - 1, N.C. - 2, N.Mex. - 1, Iowa - 1	13	Rabies in Man:	—
Psittacosis:	3	Rubella, Congenital Syndrome:	1
Typhus, murine:	—		

MEASLES - DOVER, NEW JERSEY
(Continued from front page)

FIGURE 1

MEASLES, DOVER, NEW JERSEY
SEPTEMBER 25, 1965 - JANUARY 1, 1966



Since December 2, a total of 38 additional cases of measles have occurred in Dover; 31 cases occurred in the 10 days following the immunization program. Between December 12 and December 28, seven additional cases developed. Five of these were in one high school which was beginning to have a small upswing in measles incidence at the time of the immunization campaign. None of the seven cases developing after December 21 had had measles vaccine; two of these cases were of the age group to have received vaccine at school clinics, but parental consent had been withheld in both instances.

A postal survey of 16 physicians caring for pediatric patients in the Dover area was conducted 2 weeks after

Table 1

MEASLES in DOVER, NEW JERSEY
SEPTEMBER-DECEMBER, 1965
Breakdown of Cases by Schools

School	Number of Cases Between			Total
	9/24-12/2*	12/2-12/12	12/12-1/12**	
N.D.	0	1	0	1
E.D.	86	11	1	98
S.S.	3	3	5	11
S.H.	4	1	0	5
D.J.H.	4	1	0	5
Live in Dover, School elsewhere.	2	0	0	2
Pre-school	20	14	1	35
Total	119	31	7	157

* Immunization Program held on 12/2/65.
** No cases have been reported since 12/28/65.

the immunization campaign was completed. Replies were obtained from 13 of these physicians, and only one post-vaccine reaction requiring a house call was reported. (Reported by Mr. William Young, Health Officer, Dover, New Jersey; Dr. William J. Dougherty, Director, Division of Preventable Diseases, New Jersey State Department of Health; and an EIS Officer.)

MEASLES IMMUNIZATION CAMPAIGN
RHODE ISLAND

A statewide measles immunization campaign, sponsored by the Rhode Island Medical Society with the cooperation of the Rhode Island Department of Health, was held on Sunday, January 23, 1966. Thirty-six clinics distributed throughout the State were open from 10 a.m. until 2 p.m. and were staffed by volunteer physicians, nurses and laymen. The organization was modeled after that of previous poliomyelitis immunization programs.

Children attending the clinic were first registered and then screened for any medical contraindications to measles vaccination. A total of 31,764 children with neither a history of measles nor of vaccination against it and

between the ages of 1 and 12 years were vaccinated, using a live attenuated measles vaccine. This total represents 65 percent of the target population of 50,000 children estimated to be susceptible to measles. Arrangements have been made to conduct a telephone survey, after 15 days, of 5,000 children so vaccinated to determine the number of reactions to measles vaccination requiring medical attention.

(Reported by Dr. James Bowes, State Epidemiologist, Rhode Island Department of Health; and the Childhood Virus Disease Unit, CDC.)

INFLUENZA B - CLAXTON, GEORGIA

Type B influenza virus has recently been identified as the agent responsible for an outbreak of febrile respiratory disease during December in Claxton, Evans

County, Georgia, which has a population of 7,000 and is located in the middle eastern part of the State. Initially recognized in a predominantly Negro school with some

800 students, the illness spread rapidly throughout the school during the first week in December. From the usual expected 5 percent absentee rate, the school experienced a peak rate of nearly 40 percent within 5 days. Since the Christmas vacation was scheduled to begin the following week, the school was closed several days early. About the same time similar illnesses were being noted in other schools in Claxton and in Evans County. Within several days, absentee rates in these other schools began to rise rapidly and also prompted the closing of schools for the Christmas holidays a few days earlier than was planned.

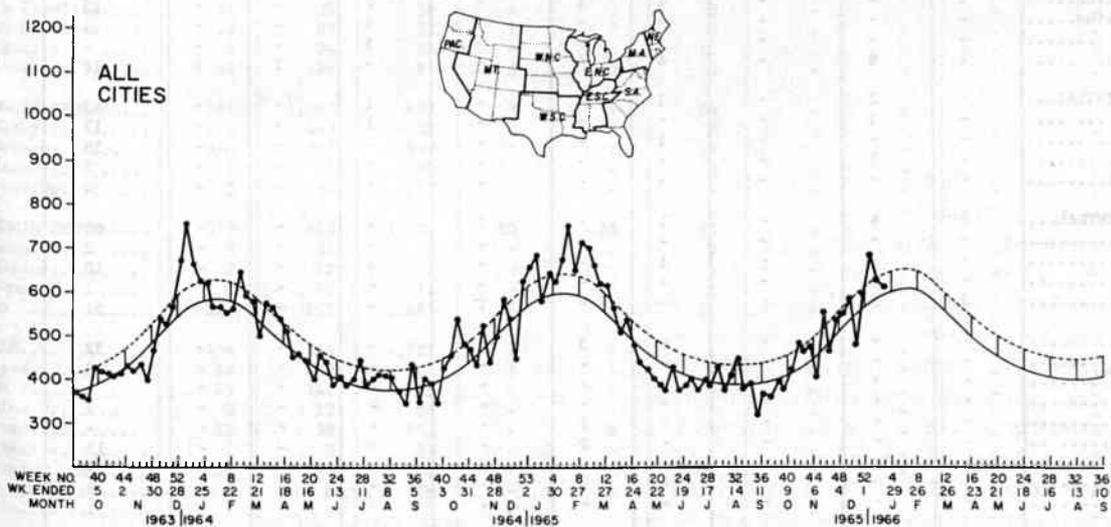
Although clinically suggestive of influenza, the illness was notable for usually observed high fever. Among well-defined cases in children seen by the physicians in Claxton and by health investigators working in the schools, a median temperature of 103.5° F was reported. Headache was almost uniformly experienced in typical cases and was accompanied by general malaise and myalgia. There were no major complications of fatalities reported.

Spread into the adult segment of the population and into adjoining portions of Evans County was recognized through mid-January, but evidence of appreciably increased school absenteeism or of widespread febrile illness have not been observed elsewhere in Georgia.

Throat swabs collected early in the outbreak from children who had a typical illness have been investigated in the Georgia State Virology Laboratory and an Influenza type B strain isolated. Further study of this strain at the WHO Influenza Center for the Americas at the Communicable Disease Center in Atlanta, has shown that the isolate, B/Georgia/1/65, is closely related to other 1964-65 strains obtained from Japan, Australia and other centers in the United States. This characterization has been based on reciprocal hemagglutination inhibition tests in which the treatment of serum with Receptor Destroying Enzyme (RDE) was required for final interpretation.

(Reported by Dr. John E. McCroan, Chief Epidemiologist and Dr. Marion Coleman, Chief of the Virology Laboratory, Georgia Department of Public Health; and by the Respirovirus Unit of the Laboratory Branch, CDC.)

PNEUMONIA-INFLUENZA DEATHS IN 122 UNITED STATES CITIES



Editorial Note: The basis of the construction of the National Pneumonia-Influenza Mortality Chart is described in the MMWR, Vol. 14, No. 1 of January 9, 1965, pp. 8-9. It will be noted that the chart currently shows no evidence of increase in mortality, which is within seasonal expectations throughout the country as a whole.

Morbidity and Mortality Weekly Report

Week No. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED JANUARY 22, 1966

3

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes	Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over				All Ages	65 years and over		
NEW ENGLAND:	816	511	33	46	SOUTH ATLANTIC:	1,143	593	60	63
Boston, Mass.-----	263	158	10	14	Atlanta, Ga.-----	131	49	4	18
Bridgeport, Conn.-----	46	30	6	3	Baltimore, Md.-----	262	137	11	13
Cambridge, Mass.-----	39	25	-	2	Charlotte, N. C.-----	39	18	4	2
Fall River, Mass.-----	40	30	-	1	Jacksonville, Fla.-----	73	39	4	4
Hartford, Conn.-----	57	29	2	4	Miami, Fla.-----	88	53	1	5
Lowell, Mass.-----	27	17	2	2	Norfolk, Va.-----	45	24	4	2
Lynn, Mass.-----	30	21	-	1	Richmond, Va.-----	72	37	3	1
New Bedford, Mass.-----	35	24	4	1	Savannah, Ga.-----	34	10	4	5
New Haven, Conn.-----	53	32	-	1	St. Petersburg, Fla.-----	79	66	3	-
Providence, R. I.-----	71	42	1	8	Tampa, Fla.-----	76	42	7	4
Somerville, Mass.-----	19	14	-	-	Washington, D. C.-----	205	95	9	8
Springfield, Mass.-----	38	24	3	4	Wilmington, Del.-----	39	23	6	1
Waterbury, Conn.-----	35	18	-	4					
Worcester, Mass.-----	63	47	5	1	EAST SOUTH CENTRAL:	687	357	40	67
MIDDLE ATLANTIC:	3,520	2,117	191	168	Birmingham, Ala.-----	113	45	1	12
Albany, N. Y.-----	74	33	-	2	Chattanooga, Tenn.-----	49	27	8	4
Allentown, Pa.-----	44	21	2	3	Knoxville, Tenn.-----	33	17	1	5
Buffalo, N. Y.-----	135	77	3	4	Louisville, Ky.-----	148	91	8	9
Camden, N. J.-----	54	33	3	2	Memphis, Tenn.-----	146	86	9	11
Elizabeth, N. J.-----	21	13	1	-	Mobile, Ala.-----	35	15	-	3
Erie, Pa.-----	51	38	11	2	Montgomery, Ala.-----	49	20	3	5
Jersey City, N. J.-----	91	47	16	2	Nashville, Tenn.-----	114	56	10	18
Newark, N. J.-----	72	33	-	4	WEST SOUTH CENTRAL:	1,252	635	57	82
New York City, N. Y.-----	1,770	1,044	101	96	Austin, Tex.-----	54	35	6	-
Paterson, N. J.-----	35	24	3	3	Baton Rouge, La.-----	71	36	5	3
Philadelphia, Pa.-----	530	335	16	17	Corpus Christi, Tex.-----	20	8	-	2
Pittsburgh, Pa.-----	199	129	6	7	Dallas, Tex.-----	153	76	5	8
Reading, Pa.-----	68	39	3	4	El Paso, Tex.-----	34	14	7	3
Rochester, N. Y.-----	115	81	6	8	Fort Worth, Tex.-----	64	32	-	5
Schenectady, N. Y.-----	26	18	-	-	Houston, Tex.-----	264	120	9	19
Scranton, Pa.-----	46	24	2	3	Little Rock, Ark.-----	61	30	6	7
Syracuse, N. Y.-----	69	49	-	3	New Orleans, La.-----	182	98	6	13
Trenton, N. J.-----	49	28	3	4	Oklahoma City, Okla.-----	104	51	-	5
Utica, N. Y.-----	28	24	8	2	San Antonio, Tex.-----	126	72	3	9
Yonkers, N. Y.-----	43	27	7	2	Shreveport, La.-----	74	33	8	5
					Tulsa, Okla.-----	45	30	2	3
EAST NORTH CENTRAL:	2,712	1,534	134	165	MOUNTAIN:	441	255	22	19
Akron, Ohio-----	67	41	-	2	Albuquerque, N. Mex.-----	40	18	4	1
Canton, Ohio-----	38	21	4	1	Colorado Springs, Colo.-----	13	7	1	1
Chicago, Ill.-----	820	442	53	54	Denver, Colo.-----	109	53	7	6
Cincinnati, Ohio-----	202	124	10	11	Ogden, Utah-----	17	8	1	2
Cleveland, Ohio-----	219	115	2	23	Phoenix, Ariz.-----	143	87	5	6
Columbus, Ohio-----	139	75	1	4	Pueblo, Colo.-----	31	22	-	2
Dayton, Ohio-----	72	40	8	9	Salt Lake City, Utah-----	49	36	2	1
Detroit, Mich.-----	362	202	19	12	Tucson, Ariz.-----	39	24	2	-
Evansville, Ind.-----	35	23	5	1	PACIFIC:	1,834	1,156	49	70
Flint, Mich.-----	56	29	1	1	Berkeley, Calif.-----	19	12	-	-
Fort Wayne, Ind.-----	44	24	3	2	Fresno, Calif.*-----	53	30	1	2
Gary, Ind.-----	23	8	1	6	Glendale, Calif.-----	41	32	1	-
Grand Rapids, Mich.-----	46	32	3	-	Honolulu, Hawaii-----	45	23	2	3
Indianapolis, Ind.-----	170	91	8	10	Long Beach, Calif.-----	93	66	3	4
Madison, Wis.-----	16	8	-	-	Los Angeles, Calif.-----	609	375	19	18
Milwaukee, Wis.-----	118	75	2	9	Oakland, Calif.-----	149	93	6	12
Peoria, Ill.-----	58	32	-	6	Pasadena, Calif.-----	34	20	-	1
Rockford, Ill.-----	31	20	6	3	Portland, Oreg.-----	118	67	3	9
South Bend, Ind.-----	36	26	1	3	Sacramento, Calif.-----	74	52	1	1
Toledo, Ohio-----	102	68	6	4	San Diego, Calif.*-----	112	67	3	6
Youngstown, Ohio-----	58	38	1	4	San Francisco, Calif.-----	213	144	2	6
					San Jose, Calif.*-----	40	27	3	2
WEST NORTH CENTRAL:	901	559	37	37	Seattle, Wash.-----	146	92	4	3
Des Moines, Iowa-----	74	50	2	4	Spokane, Wash.-----	54	36	1	2
Duluth, Minn.-----	27	17	2	-	Tacoma, Wash.-----	34	20	-	1
Kansas City, Kans.-----	38	18	5	6					
Kansas City, Mo.-----	109	70	4	5	Total	13,306	7,717	623	717
Lincoln, Nebr.-----	30	24	2	1					
Minneapolis, Minn.-----	131	86	3	2					
Omaha, Nebr.-----	75	43	5	1					
St. Louis, Mo.-----	269	156	9	10					
St. Paul, Minn.-----	95	60	1	4					
Wichita, Kans.-----	53	35	4	4					

Cumulative Totals
including reported corrections for previous weeks

All Causes, All Ages -----	40,569
All Causes, Age 65 and over-----	23,399
Pneumonia and Influenza, All Ages-----	1,949
All Causes, Under 1 Year of Age-----	2,113

*Estimate - based on average percent of divisional total.

EPIDEMIOLOGIC NOTES AND REPORTS

INFLUENZA-LIKE DISEASE - Massachusetts

During the week beginning January 16, rapid increases in school absenteeism to some three times the expected seasonal level, with peaks of 20 to 30 percent, were noted in the South Shore area of the southeastern part of Massachusetts. Most pronounced in the areas of Pembroke, Duxbury, and Fall River, a febrile influenza-like illness affected students and teachers alike with headache, sore throat, arthralgias, and, in some instances, a mild accompanying diarrhea. The most severely involved schools were closed late in the week.

Similar illnesses have also been recorded from the Newton and Brookline regions, which are western suburbs of the Boston metropolitan area. Absenteesim of up to 25 percent had affected some Brookline schools by the end of the week.

A survey of industries in the eastern part of the State revealed up to 10 percent absenteeism in some, which is more than twice the seasonal expectation; there was evidence that there may be also an increased incidence of respiratory illness.

Unpaired, acute-convalescent serum specimens and throat washings for virus isolation have been collected from typical cases in the involved areas for study by the Massachusetts State Laboratory. Although the illness is clinically compatible with influenza, a specific etiology has not yet been determined.

In retrospect it is of interest that there was an outbreak of comparable illness affecting the community of Taunton, Massachusetts, also located on the South Shore, which appeared late in December 1965.

(Reported by Dr. Nicholas Fiumara, State Epidemiologist, Massachusetts Department of Health.)

INTERNATIONAL NOTES - QUARANTINE MEASURES

Immunization Information for International Travel
1965-66 edition Public Health Service Publication No. 384

The following change should be made:

Section 5

AMERICA

Brazil, page 37

Add

Cholera vaccination required from arrivals from infected local areas, one year of age and over.

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IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

THE EDITOR
MORBIDITY AND MORTALITY WEEKLY REPORT
COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE CDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

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